

United States Department of Agriculture Forest Service		FOREST HEALTH PROTECTION FUNDING PROPOSAL			Reference FSM 3450	
1. Forest Service Region/Area	2. Agency	3. Administrative Unit (Name of National Forest, Park, Refuge, Installation, Indian Nation, etc.)		4. State	5. Fiscal Year	6. Region/Area/ Agency Priority
7. Project Name:					8. Project Label:	
9. Primary Project Objective: (check only one)	Protect Threatened/Endangered Species Habitat		10. Proposed Project Is In: (check only one)	Critical Wildlife Habitat		
	Eradicate New Exotic Insect/Disease Infestation			Urban/Wildland Interface		
	Protect Developed Sites/High Value Trees			General Forest Area		
	Protect Adjacent Private Land			Other (specify):		
	Protect Native Vegetation (forests and trees)			Urgent (treatment must be done this year to be effective)		
		Other (specify):		11. Project Is: (check only one)		Not Urgent
12. Causal Agent(s):						
13. Host(s) Protected:						
14. No. Acres Protected:						
15. Treatment Method(s):						
16. Treatment Material(s) (if applicable):						
17. Treatment Rate(s) (if applicable):						
18. Project Activities:			Fiscal Year Targets and Costs			
			a. Units of Work	b. Unit Cost	c. Total Cost	
			(No. acres to be protected)	(\$ in thousands)	(\$ in thousands)	
(1). Pre-Treatment Surveys						
(2). Treatment						
(3). Post-Treatment Evaluation/Monitoring						
(4). Other (specify below in Remarks)						
(5). Direct Project Administrative Support						
(6). Carryover to be Applied						
(7). Total Funding Requested						
19. Proposed By		Title:				
Signature:						
Name:				Date:		
20. Recommended By		Title:				
Name:						
Signature:				Date:		
21. Brief Description of Project & Remarks:						